HCFA-PM-91-4

(BPD)

X

ATTACHMENT 2.2-A

Page 23f

OMB NO.: 0938-

State/Territory:

Mississippi

Citation(s)

1991

Groups Covered

1902A(b) of the Act Division of Medicaid B. Optional Coverage Groups Other Than the Medically Needy (Continued)

x 23. Women who are determined by a "qualified entity" (as defined in 1902A(b)) based on preliminary information, to be a woman described in 1902(a)(10)(A)(ii)(XVIII) of the Act related to certain breast and cervical patients.

The presumptive period begins on the first day of the month that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

1902(a)(10)(A)
(ii)(XIII) of
the Act
Division of Medicaid

24. Disabled individuals whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See Page 12c of Attachment 2.6-A.

TN No.: 04-010 Approval Date: 03/14/05 Effective Date: 01/01/05

Supersedes TN No.: 01-16

HCFA ID: 7983E

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(BPD)

ATTACHMENT 2.2-A

Page 23g

OMB NO.: 0938-

State/Territory: Mississippi

Citation(s)

1991

Groups Covered

1902(a)(10)(A)(ii)(XVII) of the В.

Optional Coverage Groups Other Than the

Medically Needy (Continued)

Act

Division of Medicaid

25. <u>X</u>

Independent foster care adolescents who are in foster care under the responsibility of the Department of Human Services on their 18th birthday. Medicaid eligibility continues until age 21 without regard to

income or resources.

TN No.: 04-010 Approval Date: <u>03/14/05</u> Supersedes

TN No.: 01-16

Effective Date: 01/01/05

HCFA ID: 7983E

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Page 24

OMB NO.: 0938-

State/Territory:

Mississippi

Agency*

Citation(s)

Groups Covered

C. Optional Coverage of the Medically Needy

42 CFR435.301

This plan includes the medically needy.

/x / No.

// Yes. This plan covers:

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State Plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10) (C)(ii)(I) of the Act 3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

TN No.: <u>04-010</u> Approval Date: <u>03/14/05</u> Effective Date: <u>01/01/05</u>

Supersedes

TN No.: <u>92-03</u>

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	ATTACHMENT 2.2-A Page 25 OMB NO.: 0938-					
	State/Territory:	Mississippi				OWIL	, 110	0,50
Agency*	Citation(s)			Group	os Cove	red		
	C.	Optional Coverage of the Medically Needy (Continued)						
IV-A 1902(e)(4) of the Act		4.	Newborn children born on or after October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have-applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains eligible and the child is a member of the woman's household.					
IV-A 42 CFR 435.3	08	5.	//	a.	are no	t descr	ibed in	individuals who section C.3. under the age
						full-ti secon equiv	ime stu dary so alent lo	age 19 who are dents in a chool or in the evel of vocational training
			11	b.	finance the ag	sonable classifications of acially eligible individuals under ages of 21, 20, 19, or 18 as ified below:		
						(1)	publi assui parti	riduals for whom ic agencies are ming full or al financial onsibility and are:
						(a)		ster homes (and nder the age of
					-	(b)	In pr (and of	ivate institutions are under the age _).

ΓΝ No.: <u>04-010</u> Approval Date: <u>03/14/05</u> Effective Date: <u>01/01/05</u>

TN No.: <u>04-010</u> Supersedes TN No.: <u>92-03</u>

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)		ATTACHMENT 2.2-A Page 25a OMB NO.: 0938-		
	State/Territory:	Mississippi				
Agency*	Citation(s)	Gro	oups Cove	ered		
	C.	Optional Coverage for the	(Continued)			
				(c)	In addition to the group under b.(l)(a) and (b), individuals placed in foster homes or private institutions by private nonprofit agencies (and are under the age of).	
			_	(2)	Individuals in adoptions subsidized in full or part by a public agency (who are under the age of).	
			_	(3)	Individuals in NFs (who are under the age of). NF services are provided under this plan.	
			_	(4)	In addition to the group under (b)(3), individuals in ICF/MR (who are under the age of	

TN No.: <u>04-010</u> Supersedes TN No.: <u>92-03</u> Approval Date: 03/14/05 Effective Date: 01/01/05

Revision:	HCFA-PM-91-4 AUGUST 1991 State/Territory:	Mississippi	ATTACHMENT 2.2-A Page 26 OMB NO.: 0938-		
Agency*	Citation(s)	Groups Cover	red		
	C.	Optional Coverage for the Medically	(Continued)		
			(5)	Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of). Inpatient psychiatric services for individuals under age 21 are provided under this plan.	
			(6)	Other defined groups (and ages), as specified in Supplement 1 to ATTACHMENT 2.2-A.	

TN No.: <u>04-010</u> Supersedes Approval Date: 03/14/05 Effective Date: 01/01/05

TN No.: ____ HCFA ID: <u>7983E</u> Revision: HCFA-PM-93-8 (BPD) ATTACHMENT 2.2-A Page 26a October 1991 OMB NO: 0938-Mississippi State/Territory: **Groups Covered** Agency* Citation(s) C. Optional Coverage for the Medically Needy (Continued) 6. Caretaker Relatives IV-A 42CFR 435.310 IV-A 42CFR 435.320 7. and 42CFR 435.330 Aged Individuals IV-A 42CFR 435.322 **Blind Individuals** 8. and 42CFR 435.330 IV-A 42CFR 435.324 9. Disabled Individuals and 42CFR 435.330 Individuals who would be ineligible if they were 42CFR 435.326 10. not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals. Blind and disabled individuals who: 11. 42CFR 435.340 meet all current requirements f or Medicaid a. eligibility except the blindness or disability criteria: were eligible as medically needy in b. December 1973 as blind or disabled; and for each consecutive month after December c. 1973 continue to meet the December 1973 eligibility criteria. 12. Individuals required to enroll in cost effective 1906 of the employer-based group health plans remain eligible Act for a minimum enrollment period of ___ months.

TN No.: <u>04-010</u> Approval Date: <u>03/14/05</u> Effective Date: <u>01/01/05</u>

Supersedes TN No.: 92-03

HCFA-PM-91-4 AUGUST 1991 (BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.2-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER THE AGE OF 21, 20, 19, AND 18

7.b(6)

Other defined groups:

Division of Medicaid

1. Individuals making a transition from foster care to independent living arrangements (who are under 21 years of age), with all or part of their maintenance costs paid by a public agency of this state.

TN No.: <u>04-010</u> Approval Date: <u>03/14/05</u> Effective Date: <u>01/01/05</u>

Supersedes

TN No.: <u>01-16</u> HCFA ID: <u>7983E</u>

ATTACHMENT 2.6-A Page 12d OMB No.:

State/Territory: Mississippi

Premiums for the Working Disabled are set on a sliding scale based on countable earned income of the Working Disabled individual or couple. The premium payable for individuals eligible as a Working Disabled recipient whose countable earned income is less than 150% of the poverty level is \$0. For Working Disabled recipients with countable earned income above 150% of the poverty level, the monthly premium is calculated using 5% of countable earnings. The premium amount is set at a rate of 5% of countable earned income of the eligible individual or eligible couple with countable earnings between 150-250% of the Federal poverty level. The premium is based on the earnings of the Working Disabled individual or couple (if both qualify as Working Disabled). The poverty level/premium range is updated annually.

TN No.: 04-010

Supersedes

TN No.: 99-15

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